

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

09042 166

1. PLACE OF DEATH:

County Garrett
 City or town Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

PRATT
Aunita Belle Browning.

3. (b) Social Security Number

4. Sex Female 5. Color or race White 8.(a) Single, married, widowed, or divorced Married.
 6.(b) Name of husband or wife Grover C. Browning.
 8.(c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) March 27th, 1896.
 8. AGE: Years 50 Months 5 Days 23 If less than one day
hrs.min.

9. Birthplace Queen Ann County, Md.
 (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Charley R. Pratt.
 13. Birthplace Queen Ann County, Md.

MOTHER 14. Maiden name Sarah Bright,
 15. Birthplace Queen Ann County, Md.

18. Informant Grover C. Browning.

Address Oakland, Maryland.

17. Burial Burial Date thereof Sept. 22d/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Thayerville Cemetery.

Location Thayerville, Maryland.

18. Funeral director Emory D. Bolden

Address Oakland, Md.

19. 9-21- 19 46 Julius Bowen
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20th, 1946 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from 8 Dec 1945 to 20 Sept 1946
 and that I last saw him alive on 10 Sept 1946

Immediate cause of death

Carcinoma Titerus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. S. Prince MD

M. D. or other

Address Oakland, Md. Date signed 20 Sept 46

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SEP 30 1946

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

09043

166

Reg. Dist. No.

1. PLACE OF DEATH:

County GarrettCity or town Deer Park, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Deer Park, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Infant Athenia Giatras.

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single.

6.(b) Name of husband or wife

8.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 27th, 1946.8. AGE: Years Months Days If less than one day
0 0 2 hrs. min.9. Birthplace Deer Park, Maryland.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER 12. Name James George Giatras.13. Birthplace Cumberland, Md.14. Maiden name Florence A. Montgomery.15. Birthplace Deer Park, Maryland.10. Informant James G. Giatras.Address Deer Park, Maryland.17. Burial Date thereof Sept. 30/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Deer Park Cemetery.Location Deer Park, Md.18. Funeral director Emory D. BoldenAddress Oakland, MarylandSept-30/ 19 46 Julius Hoban
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 29th 19 46, at 11:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 28 Sept 19 46 to 29 Sept 19 46
and that I last saw him alive on 28 Sept 19 46Immediate cause of death Premature Birth
(8 mos)Due to atelectasis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Leudwin E. Shaver MD M. D. or otherAddress Oakland Md Date signed 30 Sept 46

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OCT 5 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 09044 162

1. PLACE OF DEATH:

County GarrettCity or town Grantsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Grantsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Charlotte Amelia Guinn

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed6.(b) Name of husband or wife William Guinn

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 1, 18808. AGE: Years 66 Months 8 Days 15 If less than one day _____ hrs. _____ min.9. Birthplace Grantsville, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name George Stahl13. Birthplace Berlin, Penna14. Maiden name Elizabeth Sheets15. Birthplace Grantsville, Md.16. Informant Mrs Hayward BroadwaterAddress Grantsville, Md.17. Burial Date thereof Sept. 19, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GrantsvilleLocation Grantsville, Md.18. Funeral director Wm WinterbergAddress Grantsville, Maryland19. Sept 18 19 46 Ethel Broadwater
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 19 46 at 8:00 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 19 46 to Sept 16 19 46 and that I last saw him alive on Sept 16 19 46Immediate cause of death Cerebral hemorrhage 5 days DURATION

Due to _____

Due to _____

Other conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. R. Davis M.D. M. D. or otherAddress Grantsville Md. Date signed Sept 18 19 46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED

SEP 20 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 090166

1. PLACE OF DEATH:

County... Garrett
 City or town... Oakland, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1924.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Garrett
 City or town... Oakland, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Elmer Haulenbeek.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife Blanch S. Haulenbeek
Deceased 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Jan 11th, 1878.
 8. AGE: Years 68 Months 8 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Washington, D. C.
 (Town, county, and state)
 10. Usual occupation Retired Fish Warden.
 11. Industry or business
 12. Name George W. Haulenbeek.
 13. Birthplace
 14. Maiden name Susan Conover.
 15. Birthplace

16. Informant Elemer Haulenbeek, Jr.
 Address Wilkinsburg, Pa.
 17. Burial Date thereof Sept. 25th/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Deer Park Cemetery.
 Location Deer Park, Maryland.

18. Funeral director Emory D. Baldey
 Address Oakland, Md.
9-24- 19 46 Julius Rowan
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH September 22d, 1946 at 10:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1945 to Sept 22, 1946
 and that I last saw him alive on Sept 21, 1946

Immediate cause of death Chronic nephritis
Arterio sclerosis
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Edmund J. Baldey M.D. or other _____
 Address Oakland Md Date signed 9/23/46

SEP 30 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County GarrettCity or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)Street No. -----
(If rural, give LOCATION)

2.(a) If veteran, name war -----

3.(a) FULL NAME

Henrietta King Lewis

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife George Lewis6.(c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) August 20, 18788. AGE: Years 68 Months 1 Days 10 If less than one day
.....hrs.min.9. Birthplace Grant Co., W. Va.
(Town, county, and state)10. Usual occupation House Wife11. Industry or business Own Home12. Name John B. King13. Birthplace Garrett Co., Md.14. Maiden name Sarah Yocum15. Birthplace Virginia16. Informant George LewisAddress Vindex, Maryland.17. Burial Date thereof Oct. 2, 1946

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory King CemeteryLocation 1 Mi. S E Loch Lynn18. Funeral director Herbert C. ReigeltanAddress Oakland, Md.19. Oct. 2 19 46 Julius A. Bowman

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29th 46 9:15A M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 18 19 46 to Sept 30 19 46 and that I last saw her alive on Sept 30 19 46

Immediate cause of death

myocardial failureDue to metastatic carcinomaboth pleural cavitiesDue to 2 yr. beforearteriosclerosisspinal arthritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James C. Bowman, M.D.Address Oakland Md Date signed Sept. 29 46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

 09047166
 Reg. Dist. No. 166

1. PLACE OF DEATH:

 County Garrett
 City or town Deen Creek Lake, Nr. Oakland
 (If outside city or town limits, write RURAL and give nearest town)
Maryland 1-day
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

 State Penn. County Allegheny
 City or town Swissvale, Pittsburgh
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1912 Monoc, St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war # 11* Army S.# 0-1590125

3. (a) FULL NAME

Harold P. Rabatin

3. (b) Social Security Number

194-05-0328

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Margaret Andrago Rabatin6. (c) If alive, give age 24 years

7. Birth date of

deceased (mo., day, yr.) July, 27, 1916

8. AGE:

Years

Months

Days

If less than one day

30122

hrs.

min.

9. Birthplace North Braddock, Pa.

(Town, county, and state)

10. Usual occupation Brick Layer

11. Industry or business

12. Name George Rabatin13. Birthplace Pottsville, Pa.14. Maiden name Eliz Lukas15. Birthplace Pottsville, Pa.16. Informant A.J. Podolski,Address Farrell, Pa.17. Burial Date thereof Sept. 12, 1946

(Burial, cremation, or removal, Which?)

(month) (day) (year)

Cemetery or crematory Monongahalia CemeteryLocation Monongahalia, Pa.18. Funeral director Emroy D. BoldenAddress Oakland, Md.19. 9-9-1946 19
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

5:30 P.M.20. DATE OF DEATH September, 8, 1946 at BD

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Examined after death toand that I last saw h. alive on

Immediate cause of death

Accidental Drowning

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accidental Date of 9/8/1946Where did injury occur? Deep Creek Lake Garrett Co.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Deep Creek LakeMeans of injury Drowning-boat capsized Injured at work? No

23. SIGNATURE

Address Oakland, Md.

M. D. or other

Date signed 9-9-1946

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SEP 17 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Deep Creek Lake, Nr. Oakland. Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1- day
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Franklin Tarr

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male

White

Single

Son of George and Lillian Tarr.

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

March, 18, 1937

8. AGE:

Years

Months

Days

If less than one day

9

5

25

hrs.

min.

9. Birthplace

North Braddock Pa.

(Town, county, and state)

10. Usual occupation

11. Industry or business

Student

FATHER

12. Name

George Tarr

MOTHER

13. Birthplace

Vernon, Pa.

14. Maiden name

Lillian Rabatin.

15. Birthplace

North Braddock Pa.

16. Informant

A.J. Podolesky

Address

Farrell, Pa.

17. Burial

Date thereof Sept. 12, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Monongahalia, Cemetery

Location

Monongahalia, Pa.

18. Funeral director

Emroy D. Bolden

Address

Oakland, Md.

19. Sept. 9,

19 46

Julia A. Rowan

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Penn.

County Allegheny

State

Swissvale, Pittsburgh.

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

8200 West Moreland St.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH September, 8, 1946 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Examined after death 19 to 19

and that I last saw him alive on 19

Immediate cause of death

DURATION

Accidental Drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accidental

9/8/1946

Accident, suicide, or homicide

Date of

Where did injury occur?

Deep Creek Lake, Garrett Co., Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Deep Creek Lake,

Means of injury

Drowning-boat capsized

Injured at work?

no

23. SIGNATURE

Oakland, Md.

M. D. or other

Date signed

9/9/46

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SEP 17 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (178)

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County **Garrett**
 City or town **Deep Creek Lake, Nr. Oakland. Md.**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **1-day.**
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State **Penn.** County **Allegheny**
 City or town **Swissvale, Pittsburgh.**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **8200 West Moreland St.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

George Hammon Tarr

3. (b) Social Security Number

190-10-3834

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**
 6.(b) Name of husband or wife **Lillian Tarr.**
 6.(c) If alive, give age **37** years
 7. Birth date of deceased (mo., day, yr.) **Aug. 19, 1906**
 8. AGE: Years **40** Months **0** Days **19** If less than one day
 hrs. min.

9. Birthplace **Verona. Pa.**
 (Town, county, and state)
 10. Usual occupation **Bell Tel Co., Repairman.**
 11. Industry or business
 12. Name **Charles Tarr**
 13. Birthplace **Verona. Pa.**
 14. Maiden name **Nellie Baldwin, Deceased**
 15. Birthplace **Mississippi.**

16. Informant **A.J. Podolosky**
 Address **Farrell, Pa.**
 17. Buried **Sept. 9, 1946**
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory **Monongahalia Cemetery**
 Location **Monongahalia, Pa.**

18. Funeral director **Emroy D. Bolden**
 Address **Oakland. Md.**

19. **Sept. 9,** 19 **46** **Julia A. Rowan.**
 (Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **September, 8,** 19**46**, at **5:30P** M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Examined after death** to

and that I last saw him alive on to

Immediate cause of death **Accidental drowning**

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accidental 9/8/46
 Accident, suicide, or homicide Date of
 Where did injury occur **Deep Creek Lake, Garrett Co. Md.**
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) **Deep Creek Lake.**
 Means of injury **Drowning-boat capsized.** Injured at work?

23. SIGNATURE **E. J. Baumgartner** **Res. Sec.**
 Address **Oakland, Md.** Date signed **9/9/46**

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SEP 17 1946

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